



## YMCA of Indiana County Standard Membership/Program Waiver

### PHOTO RELEASE AND WAIVER

I hereby agree that the YMCA may photograph or capture footage of me or members of my household at the YMCA or an any affiliated YMCA property and the YMCA may use those photographs or footage for its marketing purposes and further agree to release to both the YMCA and releases from claim or liability related to that use; waiving all claims for myself, my household, my child and any heirs or next of kin. IF I CHOOSE NOT TO BE PHOTOGRAPHED OR IN OTHER RECORDED MEDIA, IT IS MY RESPONSIBILITY TO INFORM THE PHOTOGRAPHER AND/OR REMOVE MYSELF FROM THE PICTURE.

\_\_\_\_\_

Initials

Date

### RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS

THE UNDERSIGNED PERSON hereby acknowledges intent to participate with the YMCA of Indiana County activities. The undersigned freely and unconditionally waives and releases the YMCA and any and all of its employees, representatives and agents and their successors and assigns (the "YMCA of Indiana County") from all liability and/or claims of the Undersigned, his personal representatives, and/or his estate for any and all loss or damage and/or claims of demands due to personal injury as result of my physical condition or resulting from my participation in any athletic activities, YMCA programs led by staff or volunteers, and the use of any equipment, exercise or other activities. The Undersigned further agrees to defend, indemnify and hold the YMCA harmless from and against any and all liabilities, demands, claims, damages, suits, judgments and decrees, and court awards including costs, expenses and attorneys' fees, on account of injuries to or death of any person or persons or damage to any property arising out of or related to the Volunteer's intentional or negligent acts, errors or omissions for the duration of the Undersigned's participation.

I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises.

I HAVE CAREFULLY READ THE FOREGOING WAIVER, UNDERSTAND ITS CONTENTS, AND AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS. I ACKNOWLEDGE THAT I AM SOLELY RESPONSIBLE FOR ANY INJURIES INCURRED WHILE PARTICIPATING WITH THE YMCA.

I certify that the information contained in this application is true and correct to the best of my knowledge. I have read the waiver agreement, understand it's content, and acknowledge that I am responsible for any injuries encountered while participating, except for those caused by the negligence of the YMCA of Indiana County.

I understand that I and all the individuals in my membership unit can find all the membership policies and agreements, including the code of conduct, in the Member Handbook. I can request a printed copy of this handbook at any time at the Welcome Center. I understand that by signing this form I will adhere to all policies set in the above listed forms.

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Signature of Participant

Date

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Signature of Participant

Date

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Signature of Participant

Date

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Signature of Participant

Date

\_\_\_\_\_

X Signature of Parent/Guardian **for any minors on the membership**

Date